

STATE OF MICHIGAN



NATURAL RESOURCES COMMISSION

THOMAS J. ANDERSON
E. R. CAROLLO
MARLENE J. FLUHARTY
STEPHEN F. MONSMA
O. STEWART MYERS
RAYMOND POUPORE
HARRY H. WHITELEY

JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

RONALD O. SKOOG, Director

411-J East Genesee
Saginaw, Michigan 48607

February 8, 1985

Mr. Robert Conely
Safety & Training Manager
U.S. Industries, Incorporated
6554 Lakeshore Road
Lexington, Michigan 48450

Re: Act 64 Inspection of May 24, 1984

MID005499470

Dear Mr. Conely:

The Department of Natural Resources has received the material you submitted on January 31, 1985, in response to deficiencies revealed in the December 18, 1984 inspection which this Department performed to determine compliance with the provisions of the Resource Conservation and Recovery Act (RCRA), and Act 64, P.A. of 1979, as amended.

Your submittal has addressed the concerns that were raised as a result of the inspection and is adequate demonstration of compliance with the requirements which govern the deficiencies cited on December 12, 1984. Compliance with the requirements governing this inspection does not limit the applicability of other provisions of the RCRA Regulations or Act 64.

Should you have any questions, please contact this office at the number listed below.

Sincerely,

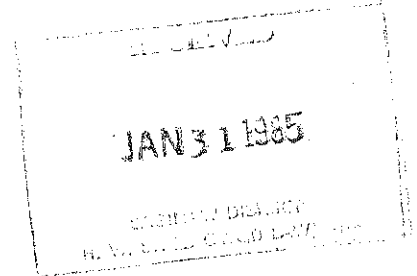
A handwritten signature in cursive script, appearing to read "Jim J. Sygo".
Jim J. Sygo
Hazardous Waste Division
Saginaw District Office
517/771-1731

JJS:rh
cc: EPA Region V

USI HURON DIVISION

U.S. INDUSTRIES, INC.

January 28, 1985



Mr. Jim J. Sygo
Hazardous Waste Division
Saginaw District Office
411-J East Genesee
Saginaw, MI 48607

Re: Violation Compliance

Dear Mr. Sygo:

In response to your letter of January 10, 1985, the following is being submitted:

Violation

1. When I attended the seminar at Delta College in December of 1984, I realized I was using the wrong letter. I have not shipped any degreasing fluid since I attended that meeting. In the future I will be using the "H" instead of "N".
2. We have ordered "steel crate" containers to store our degreasing fluid in while awaiting transportation. These containers are 4' long x 4' wide x 2' high. That will hold 239.4 gallons. I will be storing four (4) 55 gallon barrels in each container. This will be put into use as soon as the containers are in. They should be here by February 7, 1985.

With the above changes we will be in full compliance under Act 64, P.A. of 1979, as amended. If you have any questions feel free to give me a call.

Sincerely,

Huron Manufacturing Division

Bob Conely
Safety & Training Manager

BC/dlw

Note: I think I sent a letter regarding the above last week, but I neglected to keep a copy. Now I know for sure this matter has been taken care of.

STATE OF MICHIGAN



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RONALD O. SKOOG, Director

411-J East Genesee
Saginaw, Michigan 48607

January 10, 1985

Mr. Robert Conely
Safety & Training Manager
Huron Division U.S. Industries, Incorporated
6554 Lakeshore Road
Lexington, Michigan 48450

MID 005 499 470

Dear Mr. Conely:

On December 18, 1984, staff of the Department of Natural Resources, acting as representatives of the United States Environmental Protection Agency conducted an investigation of your facility located at Lexington, Michigan to evaluate compliance of that facility with requirements of Subtitle C of the Resource Conservation and Recovery (RCRA), as amended.

As a result of that investigation, staff of the Department have determined that the above facility is in compliance with the requirements of Subtitle C of RCRA. Compliance with the requirements governing this inspection does not limit the applicability of other provisions of the RCRA Regulations or other State Laws.

The inspection did reveal two violations under Act 64, P.A. of 1979, as amended.

1. Your manifests must be marked with an H instead of an N in box I. Your F001 waste is a managed hazardous waste even when small quantities under RCRA are manifested.
2. Secondary containment at your facility does not comply with the requirements of Rule 703 of Act 64. A copy of this rule has been enclosed for your information. Secondary containment provisions need to be upgraded at your facility to comply with the enclosed rule.

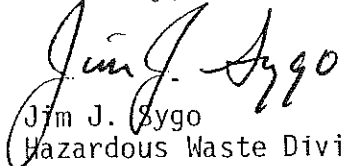


Huron Division U.S. Industries, Incorporated
Page 2
January 10, 1985

We request that you respond to this letter by January 31, 1985 and provide documentation to this office regarding those actions to be scheduled to correct the Act 64 violations.

If you should have any questions regarding this matter, please feel free to contact us at the number listed below.

Sincerely,


Jim J. Sygo
Hazardous Waste Division
Saginaw District Office
517/771-1731

JJS:rh
cc: EPA Region V

RCRA Inspection Report

EPA Identification Number: M I D 0 0 5 4 9 9 4 7 0

Installation Name: Huron Division U.S. INDUSTRIES, INC.

Location Address: 6554 LAKESHORE ROAD

City: LEXINGTON State: MICHIGAN 48450

Date of inspection: 12/18/84 Time of inspection (from) 1:00 PM (to) 2:30 PM

Person(s) interviewed	Title	Telephone
<u>ROBERT CONELY</u>	<u>SAFETY & TRAINING MANAGER</u>	<u>(313)-359-5344</u>
_____	_____	_____
_____	_____	_____

Inspector(s)	Agency/Title	Telephone
<u>Jim J. Sygo</u>	<u>MDMA/WATER QUALITY SEC.</u>	<u>(517)-771-1731</u>

Installation Activity (mark only one box)

Inspection Form(s)

- | | |
|--|----------|
| <input type="checkbox"/> Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation | A |
| <input type="checkbox"/> Treatment/Storage/Disposal (no generation or Transportation) | A |
| <input type="checkbox"/> Generation and Transportation | B, C |
| <input checked="" type="checkbox"/> Generation only | <u>B</u> |
| <input type="checkbox"/> Transportation only | C |

INSPECTION FORM B

Section A: Scope of inspection

Standards for generators of HAZARDOUS WASTE subject to 40 CFR 262.10

Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

Yes No NI* Remarks

- (1) Does the generator have copies of the manifest available for review? 262.40

✓ _____

- (2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. 3

- (3) Do the manifest forms examined contain the following information? (If possible, make 262.21 copies of, or record information from, manifests that do not contain the critical elements)

a. Manifest document number?

✓ _____

b. Name, mailing address, telephone number, and EPA ID number of generator?

✓ _____

c. Name and EPA ID number of transporter(s)?

✓ _____

d. Name, Address, and EPA ID Number of designated permitted facility and alternate facility?

✓ _____

e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?

✓ _____

f. The total quantity of waste(s) and the type and number of containers loaded?

✓ _____

g. Required certification?

✓ _____

h. Required signatures?

✓ _____

- (4) Reportable exceptions 262.42

- a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has NOT received a signed copy from the designated facility within 35 days of the date of shipment. 0

MARKED.

- b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. 1/11

RECYCLE TO BE
MARK w/ H instead
of N on Manifest
for TRICHLOROETHANE

Section C - PRE-TRANSPORT REQUIREMENTS
(40 CFR Part 262 Subpart C)

	Yes	No	NI	Remarks
(1) Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required prior to movement of hazardous waste off-site) 262.31 and 262.32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) If required, are placards available to transporter? 262.33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
** (4) Pre-shipment Accumulation:				
** applies only to GENERATORS that store hazardous waste on-site for 90 days or less without a permit. These items do not apply to generators whose waste is immediately transported off-site.				
a. Is hazardous waste accumulated in containers? If no, skip to b. 262.34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Is each container clearly marked with the date on which the period of accumulation began?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. Have more than 90 days elapsed since the dates marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. Is each container labeled or marked clearly with the words "Hazardous Wastes?"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. Are containers in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v. Are containers compatible with waste in them?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vi. Are containers managed to prevent leaks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vii. Are containers stored closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
viii. Are containers inspected weekly for leaks and defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ix. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive).	<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>	

	Yes	No	NI	Remarks
x. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)			<u>N/A</u>	<u>No INCOMPATIBLE WASTES</u>
xi. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?			<u>N/A</u>	<u>" "</u>
b. Is hazardous waste accumulated in tanks? If no, skip to c. 262.34 (January 11, 1982 revision)		<u>✓</u>		
i. Is each tank labeled or marked clearly with the words "Hazardous Wastes"? 262.34 (January 1982 revision)				
ii. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank? 265.192				
iii. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?				
iv. Do continuous feed systems have a waste-feed cutoff?				
v. Are waste analyses done before the tanks are used to store a substantially different waste than before? 265.193				
vi. Are required daily and weekly inspections done? 265.194				
vii. Are reactive and ignitable wastes in tanks protected or rendered non-reactive or nonignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or nonignitable, see treatment requirements.) 265.198				
viii. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply.) 265.199				

Yes No NI Remarks

- ix. Has the owner or operator observed the National Fire Protection Association's buffer zone requirements for tanks containing ignitable or reactive wastes?

Tank capacity: _____ gallons

Tank diameter: _____ feet

Distance of tank from property line _____ feet

(see tables 2-1 through 2-6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

- c. Is hazardous waste accumulated in other than tanks or containers? _____ ☒ _____

- d. Personnel training. 262.34 (a) 5

Do personnel training records include: 265.16

- i. Job Titles? ☒ _____
- ii. Job Descriptions? ☒ _____ OUTLINE FORM
- iii. Description of training? ☒ _____
- iv. Records of training? ☒ _____
- v. Did personnel receive the required training by 5-19-81? ☒ _____
- vi. Do new personnel receive required training within six months? _____ ☒ NO NEW PERSONNEL
- vii. Do personnel training records indicate that personnel have taken part in an annual review of initial training? ☒ _____

- e. Preparedness and Prevention 265. Subpart C

- i. Maintenance and Operation of Facility:

Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent? 265.31 _____ ☒ _____

ii. If required, does this facility have the following equipment: 265.32

Internal communications or alarm systems?

✓ — — FIRE ALARM SYSTEM FOR EVACUATION

Telephone or 2-way Radios at the scene of operations?

✓ — — TELEPHONES

Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?

✓ — —

Indicate the volume of water and/or foam available for fire control:

2 — 5" WELLS
1 WELL 100 GALLONS / MINUTE — 1 — 50 GALLONS / MINUTE

iii. Testing and Maintenance of Emergency Equipment: 265.33

Has the owner or operator established testing and maintenance procedures for emergency equipment?

✓ — —

Is emergency equipment maintained in operable condition?

✓ — —

iv. Has owner/operator provided immediate access to internal alarms (if needed)?

✓ — —

v. Is there adequate aisle space for unobstructed movement?

✓ — —

vi. Has the owner or operator attempted to make arrangements with local authorities in case of an emergency at the facility?

✓ — —

f. Contingency Plan and Emergency Procedures 265 Subpart D

Does the contingency plan contain the following information:

i. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.) 265.52

✓ — —

	Yes	No	NI	Remarks
ii. Arrangements agreed to by local police departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services, pursuant to §265.37?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. Names, addresses, and phone numbers (Office and Home) of all persons qualified to act as emergency coordinator.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list, and a brief outline of its capabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes and alternate evacuation routes?)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vi. Are copies of the Contingency Plan available at site and local emergency organizations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vii. Is the facility emergency coordinator identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
viii. Is coordinator familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ix. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
x. If an emergency situation has occurred at this facility, has the emergency coordinator followed the emergency procedures listed in 265.56?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NO EMERGENCY</u>

Section D: RECORDKEEPING AND REPORTING (Part 262, Subpart D)

Yes No NI Remarks

- (1) Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40

☒ ☐ ☐ ☐

Section E: INTERNATIONAL SHIPMENTS (Part 262 Subpart E)
262.50

- (1) Has the installation imported or exported hazardous waste? If "no", skip a and b.

☐ ☒ ☐ ☐

a. Exporting Hazardous Waste, has a generator:

i. Notified the Administrator in writing?

☐ ☐ ☐ ☐

ii. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?

☐ ☐ ☐ ☐

iii. Met the Manifest requirements?

☐ ☐ ☐ ☐

b. Importing Hazardous Waste, has the generator met the manifest requirements?

☐ ☐ ☐ ☐

Remarks:

Primarily auto industry parts are manufactured at this facility. Metal parts are degreased with 111 - Trichloroethane which is provided by McKesson Chemical Company. Fuel waste is handled by McKesson. At the time of inspection it appeared that the facility was operating as a small quantity generator. Containment area for waste is inadequate when the facility attains generator status.

Good management practices appear to be utilized with one exception. Packaging operation uses a plastic which is heated with a flame to package parts. This is completed in the vicinity of flammable materials and consideration should be given to change the location of this operation.

DON'T SAY IT—WRITE IT

RITE-O-GRAM

WRITE IT RIGHT!

TO:

Files

MID 005 499 470

FROM:

Scott Ross

SUBJECT:

Huron Division - U.S. Industries, Inc.

OUR JOB NO.

Leighton

DATE OF MEMO

8/17/83

MESSAGE

The attached package was received 8/16/83 from Huron Division. In a phone conversation today Bob Conely indicated he had not sent a cover letter. The package does appear to adequately respond to the deficiencies pointed out in my 7/22/83 letter.

SENDER — DO NOT WRITE BELOW THIS LINE

SIGNED

Scott

REPLY

SIGNED

DATE

ORIGINAL

SENDER — Retain part 2 for your follow-up, send parts 1 and 3 to addressee
RECIPIENT — Retain part 1 and return part 3

HURON DIVISION OF U.S. INDUSTRIES
Lexington, Michigan 48450

HURON SAFETY PROGRAM

HW - 1
Page 1 of 4

HAZARDOUS WASTE PROCEDURES

The purpose of this procedure is to insure proper handling, storage, and training needs of hazardous waste generated by Huron. It is also understood that all precautionary measures and safeguards will be taken to protect employee health and to avoid mismanagement of hazardous waste to protect our land, water, and air.

Responsibilities

The Safety and Training Manager, Bob Conely, is responsible for all hazardous activity including preparing manifests, handling, labeling of containers in storage, training employees working with the waste, and establishing emergency procedures.

In the absence of the Safety and Training Manager, the Maintenance Supervisor, Butch Olds, will be in charge. In the absence of these two people, the Plant Manager, Ray Cutler, will be in charge.

Storage

All used degreasing fluid must be put into a non-leak container. Each container must display a hazardous waste label with the following:

D.O.T. shipping name	- 1,1,1, - Trichloroethane
UN number	- 2831
E.P.A. identification number	- MID005499470
E.P.A. waste number	- F001
Company name and address	
Accumulation start date	- date material first placed in container

Labels are available in the Safety & Training Manager's office.

Each container must be placed in the storage rack provided in the Shipping Department. These containers must be checked for leaks daily by the Safety and Training Manager or his delegates.

Shipping

Upon shipping, a manifest document number must be put on the hazardous waste label on each container, this number can be taken from the manifest prepared for shipment. This manifest must go with the shipment. The transporter must be licensed, or meet E.P.A. guidelines, to haul hazardous waste and have a valid E.P.A. I.D. number.

HURON DIVISION OF U.S. INDUSTRIES
Lexington, Michigan 48450

HURON SAFETY PROGRAM

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Page 2 of 4

Shipping Cont'd.

The first sheet on the manifest labeled MDNR 1st copy must be sent to the Michigan Department of Natural Resources. The address is found on the reverse side of that sheet. The last sheet on the manifest labeled GENERATOR 1st copy is kept by the company. The rest of the manifest must go with the shipment.

Emergency Procedures

Emergency telephone numbers are found on page EP-1.
Emergency evacuation procedure is found on page EP-2, sheet 1, 2, and 3.
Emergency exit routes are found on pages EP-3, sheet 1 and 2.
Fire brigade members are found on page EP-4.
Emergency transportation is found on page EP-8.

Accidental Spill

If an accidental spill occurs, the spill must be confined to a small area as quickly as possible. Attention must be given to keep the waste from going into our drains, into the ground or into the air. Floor dry is to be used to aid in the containment of the waste.

After a spill is contained the liquid must be stored in an appropriate container and follow procedures mentioned for storage. The floor dry used in containment of degreasing fluid must be picked up and placed inside a plastic bag which shall be inside of a metal barrel. Each plastic bag must be sealed, labeled and stored with established procedures mentioned.

If outside assistance is needed in an emergency, the following agencies should be contacted.

Sanilac County Sheriff Department - 648-2000
Lexington Police Department - 359-8242, if no answer 648-2233
Lexington Fire Department - 648-2000
Lexington Health Center - 359-5357

Emergency Equipment and Their Location

<u>Item</u>	<u>Location</u>
fire extinguishers	in obvious places throughout the plant
first aid kits	in each department

HURON DIVISION OF U.S. INDUSTRIES
Lexington, Michigan 48450

HURON SAFETY PROGRAM

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Page 3 of 4

Emergency Equipment and Their Location Cont'd.

<u>Item</u>	<u>Location</u>
stretcher, fire blanket, and additional first aid supplies	in First Aid room and tool crib
Scott Packs	fire room
flashlights	fire room, in fire coat pockets
respirators	on degreaser and in tool crib
floor dry	in semi trailer by Tool Room
eye and skin washing	by degreaser and by scales in warehouse

Training

Training will be provided to all employees who handle, or manage hazardous waste. Training will consist of the proper precautionary procedures, handling procedures, emergency procedures, eye and skin protection, the effects on human health, the use of respirators, and proper notification methods to use when irregularities exist.

Training Outline

I. Precautionary Procedures

- A. Never take unnecessary chances.
- B. Use respirators located on degreaser if required.
- C. Eye, face, and skin protection.
- D. Proper storage procedures.
- E. Proper clean-up procedures.
- F. Proper notification of accidental spill.

HURON DIVISION OF U.S. INDUSTRIES
Lexington, Michigan 48450

HURON SAFETY PROGRAM


HW - 1

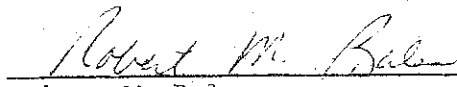
Page 4 of 4

Training Outline Cont'd.

II. The Effects on Human Health

A. See attached Material Safety Data Sheet.


Robert L. Conely
Safety & Training Manager


Robert M. Bales
Administrative Services Manager

Distribution:

Executive Committee
Personnel Guidebook
Supervisors
Fire Brigade

12/21/82

Rev. 8/3/83

HURON TOOL & MANUFACTURING CO.
Division of U.S. Industries, Inc.
Lexington, Michigan 48450

HURON TOOL SAFETY PROGRAM

EP - 1

EMERGENCY TELEPHONE NUMBERS

Fire Department 648-2000

Ambulance 648-2000

Sheriff Department 648-2000

Butch Olds 633-9422

William G. Oldford 359-8116

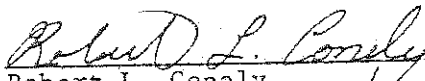
John S. Oldford 984-3726

Raymond H. Cutler 657-9450

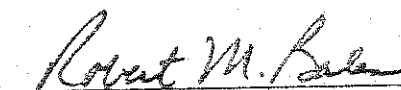
Steve Torzewski 679-9816

Robert L. Conely 346-2931

In the event, Huron Tool & Manufacturing phones are not working, use the pay phone located in the lunch room, or emergency phones in Personnel or Accounting.


Robert L. Conely
Safety & Training Manager

Distribution:
Executive Comm.
Personnel Guidebook
Supervisors
Fire Brigade


Robert M. Bales
Administrative Service Manager

HURON TOOL & MANUFACTURING CO.
Division of U.S. Industries, Inc.
Lexington, Michigan 48450

HURON TOOL SAFETY PROGRAM

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Page 1 of 3

EMERGENCY EVACUATION PROCEDURE

I. Know What Your Job Is

- A. How many people are in your group or department?
- B. Where are your people working (location)?
- C. Any Afternoon Shift employees who do not have a supervisor, S. Torzewski will be responsible for them. The time cards will be pulled by Steve within the first half hour after the start of the shift. Anyone reporting in late (after the cards have been pulled) must report directly to Steve. Steve shall choose an alternate to be responsible in his absence.
- D. Any Midnight Shift employees who do not have a supervisor, M. Beesely will be responsible for them. The time cards will be pulled by Maxine within the first half hour after the start of the shift. Anyone reporting in late (after the cards have been pulled) must report directly to Maxine. Maxine shall choose an alternate to be responsible in her absence.
- E. What do you do if someone is missing?
- F. What exits do you use?
- G. Where do you go?
- H. What if someone is injured?

II. Important Factors

- A. The first person to see the fire will sound the alarm and tell the Fire Brigade where the fire is located.
- B. Calmly exit and report to your designated area.
- C. No one goes back into the building unless they are a member of the Fire Brigade or until the all clear sign is given.
- D. Keep your people out of the danger area.
- E. If the Fire Brigade needs help they will select people. Do not send people in to help.

III. Communication Program

- A. Everyone must know what doors to use and where to go.
- B. New employees shall be instructed by the group leader the first day of employment.
- C. It is the group leader or the person responsible for the employees to communicate this program to them.
- D. Stress using the buddy system.
- E. The Fire Captain will call the Fire Department or a designated person.

HURON DIVISION OF U.S. INDUSTRIES
Lexington, Michigan 48450

HURON SAFETY PROGRAM

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EMERGENCY EVACUATION PROCEDURE

IV. People Responsible

	<u>DAY SHIFT</u>	<u>AFTERNOON SHIFT</u>	<u>MIDNIGHT SHIFT</u>
Automatics	R. Brooks	G. Wismer	T. Montgomery
Alternate	D. Morgan	I. Farquhar	B. Seaman
Machining	G. Bopra	N. Hebel	M. Beesley
Alternate	S. Hebel	D. Mason	O. Hardy
Welding	J. Kincaid	T. Hammond	M. Beesley
Alternate	C. Scholz	D. Thomson	O. Hardy
Tool Room	R. Munro	T. DeVoogd	N/A
Alternate	J. Willing	J. Wright	N/A
Shipping	K. Smith	N. Hebel	M. Beesley
Alternate	L. Baird	S. Bingle	O. Hardy
Inspection	T. Lane	S. Torzewski	M. Beesley
Alternate	D. Walker	J. Moeller	O. Hardy
Office	G. Pattullo	N/A	N/A
Alternate	R. Cutler	N/A	N/A
Maintenance	T. Galbraith	S. Torzewski	N/A
Alternate			N/A
Engineering	L. Brown	N/A	N/A
Alternate	G. Olds	N/A	N/A

V. Responsibility

- A. Make a quick visual check to see if the fire is in your area and to make sure everyone in your area is evacuated.
- B. Exit immediately.
- C. Make sure all doors are closed.
- D. Report directly to your department's designated area.
- E. Check to make sure everyone is out and no one is injured. Check with group leaders as they are to check in their groups.
- F. If someone is missing or hurt, immediately report it to the Captain or Lieutenant of the Fire Brigade.
- G. Keep your people together.

NOTE: You may want to assign duties to your alternate even when you are present.

HURON DIVISION OF U.S. INDUSTRIES
Lexington, Michigan 48450

HURON SAFETY PROGRAM

EP - 2
Page 3 of 3

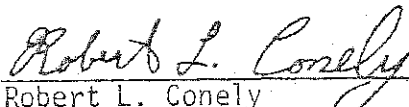
EMERGENCY EVACUATION PROCEDURE

VI. People Responsible - Coordination of Plan

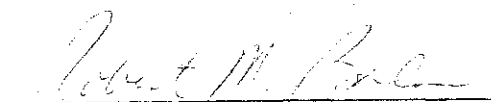
	<u>DAY</u>	<u>AFTERNOON</u>	<u>MIDNIGHT</u>
Group A	Personnel Mgr.	S. Torzewski	M. Beesley
Group B	Safety Mgr.	G. Wismer	O. Hardy

Group A - Report to front lot, check with department heads and make sure everyone is out.

Group B - Report to back lot, check with department heads and make sure everyone is out.



Robert L. Conely
Safety & Training Manager



Robert M. Bales
Administrative Services Manager

Distribution:
Executive Committee
Personnel Guidebook
Supervisors
Fire Brigade

Rev. 1/19/83
8-10-83

HURON TOOL & MANUFACTURING CO.
Division of U.S. Industries, Inc.
Lexington, Michigan 48450

HURON TOOL SAFETY PROGRAM

EP - 3
Page 1 of 2

EXIT ROUTES

PURPOSE: This plan has been developed to insure employee safety in the event of a major fire or catastrophe.

RESPONSIBILITY: The Safety Manager, or his designated replacement, will coordinate the evacuation in cooperation with the department heads and leaders. Department heads will be responsible for communicating evacuation procedures to all employees under his respective supervision. The Office Manager will communicate the program to all office personnel.

In the event of a major fire or catastrophe, the following will be followed:

1. A continuous blast on the alarm system will announce that all personnel should immediately evacuate the building.
2. All machines and equipment will be shut off whenever possible.
3. Leave the building in a calm and orderly fashion.
4. Exit by the route assigned to your respective department, when possible, and report to your designated meeting area, and assemble with other personnel from your respective area for a head count. If exit route is blocked, exit through nearest emergency exit. If necessary throw chair through window and exit.

AUTOMATICS

Exit through south door by machine #49 or south door by Time Clock.
Report to the back parking lot.

MACHINING and DRILL & ASSEMBLY

Exit through the south door by the Secondary Supervisor's office or through steel shed. Report to the front parking lot.

FURNACE, BENDING AREA, AND TOOL CRIB

Exit through south door by time clock or steel shed. Report to front parking lot.

QUALITY CONTROL

Exit through the south door by the Secondary Supervisor's office or through steel shed. Floor inspectors working in different departments will exit by the nearest available exit. Report to the front parking lot.

HURON TOOL & MANUFACTURING CO.
Division of U.S. Industries, Inc.
Lexington, Michigan 48450

HURON TOOL SAFETY PROGRAM

EP - 3
Page 2 of 2

EXIT ROUTES

SHIPPING & RECEIVING

Exit through east door. Report to front parking lot.

TOOL ROOM

Exit through south door. Report to front parking lot.

MAINTENANCE


Exit through any available exit. Report to back parking lot.

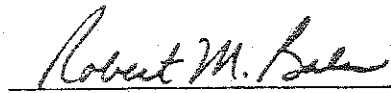
WELDING

Exit through the north door in the Welding Department and exit outside via steel shed. Report to the back parking lot.

OFFICE

Exit through the front door or by the south door by the Secondary Supervisor's office. Report to the front parking lot.


Robert L. Conely
Safety & Training Manager


Robert M. Bales
Administrative Service Manager

Distribution:

Executive Comm.
Personnel Guidebook
Supervisors
Fire Brigade

HURON DIVISION OF U.S. INDUSTRIES
Lexington, Michigan 48450

HURON SAFETY PROGRAM

EP - 4

FIRE BRIGADE

Lawrence Olds - Fire Chief

Eric Davis - Assistant Chief

DAYS - 7:00 AM

Howard Rexford **
Bill Hoenicke *
Ken Hoppenworth
Dan Deittrick
George Nowotny
Kurt Hulverson
Greg Graves
Brian Keith
Dale Barr
Gary Adams
Dave Muench

AFTERNOONS - 3:30 PM

Leonard Beulla **
Paul Jezierski *
Ken Maynard
Dennis Green
Sid Bingle

MIDNIGHTS - 10:30 PM

John Donahue **
Tom McLane *
Ed Laeder
Jeri Westphal
William Seaman
Dan Ferris

** Captain
* Lieutenant

NOTE: If any fire brigade member is working in the plant, regardless what shift, and the alarm goes off, report to Fire Room.
Fire Captain, after finding location of fire, will notify Secondary foreman.
Secondary foreman, or alternate, will go to front drive and direct fire truck to either front lot or back lot.

Rev. 1/17/83
6/29/83
8-10-83

HURON TOOL & MANUFACTURING CO.
Division of U.S. Industries, Inc.
Lexington, Michigan 48450

HURON TOOL SAFETY PROGRAM

EP - 8

EMERGENCY TRANSPORTATION

Ambulance Service

1. Phone Number - 648-2000
2. Use only when necessary.
3. Do not tie up ambulance needlessly; there are not that many in this area.

Huron Tool & Manufacturing Vehicles


1. Huron Tool & Manufacturing Co. has a car.
2. Use this for minor injuries not requiring ambulance.

Personal Vehicle

1. Use for minor injuries when Huron Tool vehicle is not available.

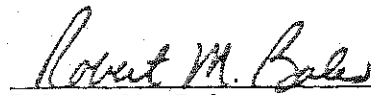
General Rules

1. If injury warrants, call ambulance.
2. When either Huron Tool or personal vehicle is used, use good judgement on allowing the injured person to drive themselves or have someone drive them to the doctor's office or hospital.
3. Determination of type of transportation to use:
 - a. First Shift - Personnel Department
 - b. Second Shift - Steve Torzewski
 - c. Third Shift - Maxine Beesley


Robert L. Conely
Safety & Training Manager

Distribution:

Executive Comm.
Personnel Guidebook
Supervisors
Fire Brigade


Robert M. Bales
Administrative Service Manager

MATERIAL SAFETY DATA SHEET

NPCA1-72

FOR COATINGS, RESINS AND RELATED MATERIALS

(Approved by U.S. Department of Labor "Essentially Similar" to Form OSHA-20)

DATE OF PREP.

3/17/80

Section I

MANUFACTURER'S NAME INLAND CHEMICAL CORPORATION

FORT WAYNE, INDIANA 46802

STREET ADDRESS 124 W. Washington Blvd. CITY, STATE, AND ZIP CODE Fort Wayne, IN 46801

EMERGENCY TELEPHONE NO.

PRODUCT CLASS CHLORINATED HYDROCARBON

MANUFACTURER'S CODE IDENTIFICATION SPECIAL GRADE

TRADE NAME 1,1,1-TRICHLOROETHANE

Section II - HAZARDOUS INGREDIENTS

INGREDIENT	PERCENT	TLV		LEL	VAPOR PRESSURE
		PPM	mg/M ³		
SOLVENT	100	280	1560	NF	125 mmHg @ 20°C

Section III - PHYSICAL DATA

BOILING RANGE 165-281°F VAPOR DENSITY ☒ HEAVIER ☐ LIGHTER THAN AIR

EVAPORATION RATE ☐ FASTER ☒ SLOWER THAN ETHER PERCENT VOLATILE BY VOLUME 100 WEIGHT PER GALLON 11 lbs.

Section IV - FIRE AND EXPLOSION HAZARD DATA

DOT CATEGORY 9 FLASH POINT TCC 0°F LEL

EXTINGUISHING MEDIA Compatible with Carbon Dioxide, Dry Chemical, Water Fog, Chemical Foam

ADDITIONAL FIRE AND EXPLOSION HAZARDS Sealed drums, if heated by flame or high temperature exposure will rupture from internal pressure.

Remove sealed drums from vicinity of fire or cool with

Section V - HEALTH HAZARD DATA

THRESHOLD LIMIT VALUE 280 ppm

EFFECTS OF OVEREXPOSURE

Inhalation: headache, nausea, vomiting, narcosis
Eyes: severe irritation
Skin: defatting, irritation
Ingestion: irritation to mucous membranes, abdominal pain, stupor

EMERGENCY AND FIRST AID PROCEDURES

Inhalation: remove to fresh air. Administer artificial respiration followed
Eyes: flush with water for 15 minutes. Call a physician. - by oxygen
Skin: wash with soap and water
Ingestion: call a physician immediately. Use stomach pump; DO NOT INDUCE

VOMITING

Section VI - REACTIVITY DATA

STABILITY ☐ UNSTABLE ☒ STABLE

CONDITIONS TO AVOID

INCOMPATIBILITY (Materials to Avoid) Strong oxidizers

HAZARDOUS DECOMPOSITION PRODUCTS Carbon monoxide and suffocating black smoke.

HAZARDOUS POLYMERIZATION ☐ MAY OCCUR ☒ WILL NOT OCCUR

CONDITIONS TO AVOID

Section VII - SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED

Set up NO SMOKING signs, ventilate area. Absorb and dispose of in accordance with local applicable regulations.

WASTE DISPOSAL METHOD

Contact INALND CHEMICAL CORPORATION for recycling.

Section VIII - SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION

General room ventilation is normally sufficient provided vapors do not exceed TLV limits.

VENTILATION

Where solvent is applied by spray or in high vapor release conditions, down draft ventilation is recommended. Automatic shut off should be provided in case of fire.

PROTECTIVE GLOVES Solvent resistant.

EYE PROTECTION Face shield or safety glasses.

OTHER PROTECTIVE EQUIPMENT Solvent resistant apron and boots if splashing is unavoidable.

Section IX - SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING

Transport and store in closed containers below 100°F. Do not store in direct sunlight, next to a fire source, near fresh air intakes or in unventilated areas.

OTHER PRECAUTIONS



Inland Chemical
Corporation
Corporate Offices

127 West Berry Street
200 Commerce Building
Fort Wayne, Indiana
46802
219/424-1940

TECHNICAL INFORMATION

1-1-1 TRICHLOROETHANE, REFINED

PROPERTY	SPECIFICATION LIMITS
1-1-1 content, by weight (including stabilizers)	95% MINIMUM
APPEARANCE	CLEAR, NO SUSPENDED MATTER
COLOR	APHA 30 MAXIMUM
SPECIFIC GRAVITY @ 25/25°C	1.290 Minimum
MOISTURE	200 PPM MAXIMUM

NOTICE

The information and recommendations of Inland Chemical Corporation concerning this product are based upon our laboratory tests and experience, and to the best of our knowledge and belief, are true and accurate. Since conditions of actual use are beyond our control, any recommendations or suggestions are made without warranty expressed or implied.

Facilities:
Wayne, Indiana
Manati, Puerto Rico
Newark, New Jersey
New Castle, Kentucky
Syracuse, New York

HURON DIVISION

U.S. INDUSTRIES, INC.

August 8, 1983

Lexington Police Department
7227 Huron
Lexington, MI 48450

Gentlemen:

As a generator of "Hazardous Waste" (1, 1, 1 Trichloroethane used in our degreasing operation) and complying with the requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended. Attached is a copy of our Hazardous Waste Procedures.

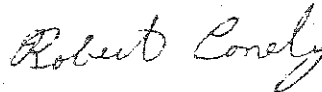
I have included your office in our plan to be used in the event of an emergency. Please notify me if you are unable to respond to our call if needed.

I would also like to give an invitation for your office to tour our plant. You may call me and make arrangements at your convenience. My phone number is (313) 359-5344, extension 34.

If you have any questions regarding the contents of this letter or of our Hazardous Waste Procedures, feel free to give me a call.

Sincerely,

HURON DIVISION OF U. S. INDUSTRIES, INC.



Robert Conely
Safety & Training Manager

RC/ckp

Attachment

6554 Lakeshore Rd., Lexington, MI 48450

(313)359-5344

MANUFACTURING AND MACHINING SPECIALISTS



U.S. INDUSTRIES, INC.

August 8, 1983

Sanilac County Sheriff Department
65 North Elk
Sandusky, MI 48471

Gentlemen:

As a generator of "Hazardous Waste" (1, 1, 1 Trichloroethane used in our degreasing operation) and complying with the requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended. Attached is a copy of our Hazardous Waste Procedures.

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Sincerely,

HURON DIVISION OF U. S. INDUSTRIES, INC.

Robert Conely
Safety & Training Manager

RC/ckp

Attachment

6554 Lakeshore Rd., Lexington, MI 48450
(313)359-5344

MANUFACTURING AND MACHINING SPECIALISTS



U.S. INDUSTRIES, INC.

August 8, 1983

Lexington Fire Department
7227 Huron
Lexington, MI 48450

Gentlemen:

As a generator of "Hazardous Waste" (1, 1, 1 Trichloroethane used in our degreasing operation) and complying with the requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended. Attached is a copy of our Hazardous Waste Procedures.

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Sincerely,

HURON DIVISION OF U. S. INDUSTRIES, INC.

Robert Conely
Safety & Training Manager

RC/ckp

Attachment

6554 Lakeshore Rd., Lexington, MI 48450
(313)359-5344

MANUFACTURING AND MACHINING SPECIALISTS



U.S. INDUSTRIES, INC.

August 8, 1983

Lexington Health Center
7210 Huron
Lexington, MI 48450

Gentlemen:

As a generator of "Hazardous Waste" (1, 1, 1 Trichloroethane used in our degreasing operation) and complying with the requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended. Attached is a copy of our Hazardous Waste Procedures.

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I would also like to give an invitation for your office to tour our plant. You may call me and make arrangements at your convenience. My phone number is (313) 359-5344, extension 34.

If you have any questions regarding the contents of this letter or of our Hazardous Waste Procedures, feel free to give me a call.

Sincerely,

HURON DIVISION OF U. S. INDUSTRIES, INC.

A handwritten signature in cursive script that reads "Robert Conely".

Robert Conely
Safety & Training Manager

RC/ckp

Attachment

6554 Lakeshore Rd., Lexington, MI 48450
(313)359-5344

MANUFACTURING AND MACHINING SPECIALISTS



James Blanchard,
Governor

DEPARTMENT OF NATURAL RESOURCES

STEVENS T. MASON BUILDING
BOX 30028

LANSING, MI 48909

~~HOWARD K. PANNER, Director~~

James F. Cleary, Acting Director

July 22, 1983

NATURAL RESOURCES COMMISSION

JACOB A. HOEFER

E. M. LAITALA

HILARY F. SNELL

PAUL H. WENDLER

HARRY H. WHITELEY

JOAN L. WOLFE

CHARLES G. YOUNGLOVE

Huron Division

U.S. Industries, Inc.

6554 Lakeshore Road

Lexington, Michigan 48450

Attn: Mr. Robert L. Conely
Safety and Training Manager

MID 005499470

formerly Huron Tool + Mfg

Gentlemen:

On July 13, 1983 staff of the Michigan Department of Natural Resources conducted an inspection to evaluate your facility's compliance with the requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended. A copy of the report from the investigation is enclosed for your information.

As a result of that investigation, a determination has been made that your facility is in violation of the requirements of Subtitle C of RCRA. The only deficiencies noted were that arrangements you have made with local authorities in the event of an emergency were not described in the contingency plan (refer to 40 CFR 265.37 and 265.52) nor were copies of the contingency plan submitted to local police department, fire department, etc. who might be called upon to provide emergency services (refer to 40 CFR 265.53).

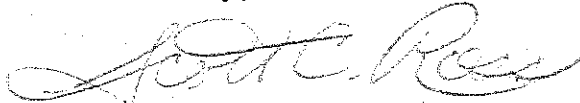
It was apparent that you had corrected previous deficiencies pointed out in Earle Latimer's December 20, 1982 letter in that you had labels available on-site, and you later provided a copy of the January 20, 1983 response which could not be located in our files. Thank you for sending us the copy.

July 22, 1983

Two other suggestions were made at the time of the inspection. First the accidental spill portion of your safety program mentions how you would contain spilled waste. However, it does not indicate what would be done with the spill material once it was contained and cleaned up. This should be addressed. Secondly, your description of training only lists the topics that were covered during your training session last January. It would be preferable to also include an outline of what was discussed under each of these topics.

Please respond to the above deficiencies within three weeks. If you have any questions regarding the contents of this letter, feel free to contact me at (517) 373-2911.

Sincerely,



Scott C. Ross
Hazardous Waste Division

Enclosure

cc: U.S. EPA - Region V
J. Bohunsky/HWD File

RCRA Inspection Report

EPA Identification Number: M I D 005499470

Installation Name: Puror Division, US Industries Inc.
(Formerly Puror Tool & Manufacturing, Inc.)

Location Address: 6554 Lakeshore Road

City: Lexington State: Michigan 48450

Date of inspection: 7/13/83 Time of inspection (from) 10⁴⁵ AM (to) 12⁰⁰ PM

Person(s) interviewed

Title

Telephone

Bob Conely

Safety & Training Manager 313-359-5344

Inspector(s)
SCOTT ROSS

Agency/Title
MDNR/SUPERVISOR

Telephone
517-373-2911

Installation Activity (mark only one box)

Inspection Form(s)

☐ Treatment/Storage/Disposal per 40 CFR 265.1 and/or
Generation and/or Transportation

A

☐ Treatment/Storage/Disposal (no generation or Transportation)

A

☐ Generation and Transportation

B, C

☒ Generation only

B

☐ Transportation only

C

INSPECTION FORM B

Section A: Scope of inspection

Standards for generators of HAZARDOUS WASTE subject to 40 CFR 262.10

Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	Yes	No	NI*	Remarks
(1) Does the generator have copies of the manifest available for review? 262.40	<input checked="" type="checkbox"/>			
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period.				2 for hazardous waste 4/22/83 - 8 drums - 421 gals.
(3) Do the manifest forms examined contain the following information? (If possible, make copies of, or record information from, manifests that do not contain the critical elements) 262.21	<input checked="" type="checkbox"/>			7/1/83 → date missing on copy at plant 6 drums - 335 gals.
a. Manifest document number?	<input checked="" type="checkbox"/>			
b. Name, mailing address, telephone number, and EPA ID number of generator?	<input checked="" type="checkbox"/>			
c. Name and EPA ID number of transporter(s)?	<input checked="" type="checkbox"/>			
d. Name, Address, and EPA ID Number of designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>			
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>			
f. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>			
g. Required certification?	<input checked="" type="checkbox"/>			
h. Required signatures?	<input checked="" type="checkbox"/>			
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has NOT received a signed copy from the designated facility within 35 days of the date of shipment.				0
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator.				N/A

Section C - PRE-TRANSPORT REQUIREMENTS
(40 CFR Part 262 Subpart C)

	Yes	No	NI	Remarks
(1) Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Last shipment was 7/1/83 so no barrels on site at time of inspection. 55 gallon drums</i>
(2) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required prior to movement of hazardous waste off-site) 262.31 and 262.32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Last shipment was 7/1/83 so no barrels on site at time of inspection.</i>
(3) If required, are placards available to transporter? 262.33	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Transporter supplies them</i>

** (4) Pre-shipment Accumulation:

** applies only to GENERATORS that store hazardous waste on-site for 90 days or less without a permit. These items do not apply to generators whose waste is immediately transported off-site.

a. Is hazardous waste accumulated in containers? If no, skip to b. 262.34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Is each container clearly marked with the date on which the period of accumulation began? *	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>No barrels on site at time of inspection</i>
ii. Have more than 90 days elapsed since the dates marked? *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>"</i>
iii. Is each container labeled or marked clearly with the words "Hazardous Wastes?" *	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>" Labels available</i>
iv. Are containers in good condition? *	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>"</i>
v. Are containers compatible with waste in them? *	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>"</i>
vi. Are containers managed to prevent leaks? *	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>"</i>
vii. Are containers stored closed? *	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>"</i>
viii. Are containers inspected weekly for leaks and defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>"</i>
ix. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* Last shipment was 7/1/83 so no barrels were on site at the time of the inspection. Therefore 1-1/4 could not be confirmed by inspection. (4-82B) No is placed on initial response to question. NI listed on list but no barrels were actually seen.

	Yes	No	NI	Remarks
x. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)				N/A No incompatible waste
xi. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?				N/A
b. Is hazardous waste accumulated in tanks? If no, skip to c. 262.34 (January 11, 1982 revision)		✓		
i. Is each tank labeled or marked clearly with the words "Hazardous Wastes"? 262.34 (January 1982 revision)				
ii. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank? 265.192				
iii. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?				
iv. Do continuous feed systems have a waste-feed cutoff?				
v. Are waste analyses done before the tanks are used to store a substantially different waste than before? 265.193				
vi. Are required daily and weekly inspections done? 265.194				
vii. Are reactive and ignitable wastes in tanks protected or rendered non-reactive or nonignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or nonignitable, see treatment requirements.) 265.198				
viii. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply.) 265.199				

- ix. Has the owner or operator observed the National Fire Protection Association's buffer zone requirements for tanks containing ignitable or reactive wastes?

Tank capacity: _____ gallons

Tank diameter: _____ feet

Distance of tank from property line _____ feet

(see tables 2-1 through 2-6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

- c. Is hazardous waste accumulated in other than tanks or containers? _____

- d. Personnel training. 262.34 (a) 5

Do personnel training records include: 265.16

- | | | | |
|---|---|-------|--|
| i. Job Titles? | ✓ | _____ | _____ |
| ii. Job Descriptions? | ✓ | _____ | _____ |
| iii. Description of training? | ✓ | _____ | Topics only listed |
| iv. Records of training? | ✓ | _____ | 1/19/83, 1/20/83 + 1/21/83 |
| v. Did personnel receive the required training by 5-19-81? | ✓ | _____ | Regular safety training was provided. Out first records were the above dates |
| vi. Do new personnel receive required training within six months? | ✓ | _____ | No new employees in past six months |
| vii. Do personnel training records indicate that personnel have taken part in an annual review of initial training? | ✓ | _____ | See v. above. Will be done again before January 1984 |

- e. Preparedness and Prevention 265. Subpart C

- i. Maintenance and Operation of Facility:

Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent? 265.31



ii. If required, does this facility have the following equipment: 265.32

Internal communications or alarm systems?

✓

Telephone or 2-way Radios at the scene of operations?

✓

Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?

✓

Indicate the volume of water and/or foam available for fire control:

2-5" wells

Portable pumps plus 2 - 580,000 gallon lagoons

iii. Testing and Maintenance of Emergency Equipment: 265.33

Has the owner or operator established testing and maintenance procedures for emergency equipment?

✓

Is emergency equipment maintained in operable condition?

✓

iv. Has owner/operator provided immediate access to internal alarms (if needed)?

✓

v. Is there adequate aisle space for unobstructed movement?

✓

vi. Has the owner or operator attempted to make arrangements with local authorities in case of an emergency at the facility?

✓

Not documented

f. Contingency Plan and Emergency Procedures 265 Subpart D

Does the contingency plan contain the following information:

i. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.) 265.52

✓

But doesn't indicate what would be done with debris up stream

	Yes	No	NI	Remarks
ii. Arrangements agreed to by local police departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services, pursuant to §265.37?	<input checked="" type="checkbox"/>			
iii. Names, addresses, and phone numbers (Office and Home) of all persons qualified to act as emergency coordinator.	<input checked="" type="checkbox"/>			
iv. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list, and a brief outline of its capabilities?	<input checked="" type="checkbox"/>			
v. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes and alternate evacuation routes?)	<input checked="" type="checkbox"/>			
vi. Are copies of the Contingency Plan available at site and local emergency organizations?	<input checked="" type="checkbox"/>			<i>Not sent to local emergency organizations</i>
vii. Is the facility emergency coordinator identified?	<input checked="" type="checkbox"/>			
viii. Is coordinator familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>			
ix. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>			
x. If an emergency situation has occurred at this facility, has the emergency coordinator followed the emergency procedures listed in 265.56?				<i>N/A None has occurred</i>

Section D: RECORDKEEPING AND REPORTING (Part 262, Subpart D)

Yes No NI Remarks

- (1) Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40

N/A The only hazardous waste is 11, (Trichloroethane)

Section E: INTERNATIONAL SHIPMENTS (Part 262 Subpart E)
262.50

- (1) Has the installation imported or exported hazardous waste? If "no", skip a and b.

✓

a. Exporting Hazardous Waste, has a generator:

i. Notified the Administrator in writing?

ii. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?

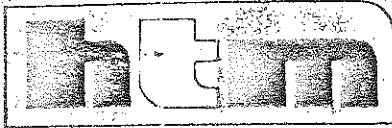
iii. Met the Manifest requirements?

b. Importing Hazardous Waste, has the generator met the manifest requirements?

Copy received 7/20/83
as a result of
7/13/83 request
to Bob Conley.

SCR

Could not be located
in MDNR files
prior to 7/13/83
inspection.



HURON TOOL and MANUFACTURING CO.
6554 Lakeshore Road, Lexington, Michigan 44150 (313) 359-5344

January 20, 1983

Mr. Earle Latimer
Department of Natural Resources
Water Quality Specialist
Hazardous Waste Section
Post Office Box 30028
Lansing, MI 48909

Dear Mr. Latimer:

Re: Compliance Investigation December 8, 1982

Enclosed is a copy of our contingency plan. This plan includes the following procedures: Responsibilities, Storage, Shipping, Emergency Procedures, Accidental Spill, Emergency Equipment and their location, and Training.

We are now placing Hazardous Waste Labels on each container when they are put into storage rather than when they are being shipped.

We have reinstructed our employees that handle 1,1,1, - Trichloroethane. Enclosed is a copy of their record of training.

If you have any questions, feel free to give me a call.

Sincerely,

HURON DIVISION OF U.S. INDUSTRIES

Robert L. Conely
Safety & Training Manager

RLC/ltk

Enclosures



A Division of
U.S. INDUSTRIES, INC.

HURON DIVISION OF U.S. INDUSTRIES
Lexington, Michigan 48450

HURON SAFETY PROGRAM

HW - 1
Page 1 of 3

HAZARDOUS WASTE PROCEDURES

The purpose of this procedure is to insure proper handling, storage, and training needs of hazardous waste generated by Huron. It is also understood that all precautionary measures and safeguards will be taken to protect employee health and to avoid mismanagement of hazardous waste to protect our land, water, and air.

Responsibilities

The Safety and Training Manager is responsible for all hazardous waste activity including preparing manifests, handling, labeling of containers in storage, training employees working with the waste, and establishing emergency procedures.

In the absence of the Safety and Training Manager, the Maintenance Supervisor will be in charge. In the absence of these two people, the Plant Manager will be in charge.

Storage

All used degreasing fluid must be put into a non-leak container. Each container must display a hazardous waste label with the following:

D.O.T. shipping name	- 1,1,1, - Trichloroethane
UN number	- 2831
E.P.A. identification number	- MID005499470
E.P.A. waste number	- F001
Company name and address	
Accumulation start date	- date material first placed in container

Labels are available in the Safety & Training Manager's office.

Each container must be placed in the storage rack provided in the Shipping Department. These containers must be checked for leaks daily by the Safety and Training Manager or his delegates.

Shipping

Upon shipping, a manifest document number must be put on the hazardous waste label on each container, this number can be taken from the manifest prepared for shipment. This manifest must go with the shipment. The transporter must be licensed, or meet E.P.A. guidelines, to haul hazardous waste and have a valid E.P.A. I.D. number.

HURON DIVISION OF U.S. INDUSTRIES
Lexington, Michigan 48060

HURON SAFETY PROGRAM

HW - 1

Page 2 of 3

Shipping Cont'd.

The first sheet on the manifest labeled MDNR 1st copy must be sent to the Michigan Department of Natural Resources. The address is found on the reverse side of that sheet. The last sheet on the manifest labeled GENERATOR 1st copy is kept by the company. The rest of the manifest must go with the shipment.

Emergency Procedures

~~Emergency telephone numbers are found on page EP-1.~~

Emergency evacuation procedure is found on page EP-2, sheet 1, 2, and 3.

Emergency exit routes are found on pages EP-3, sheet 1 and 2.

Fire brigade members are found on page EP-4.

Emergency transportation is found on page EP-8.

Accidental Spill

If an accidental spill occurs, the spill must be confined to a small area as quickly as possible. Attention must be given to keep the waste from going into our drains, into the ground or into the air. Floor dry is to be used to aid in the containment of the waste.

Emergency Equipment and Their Location

<u>Item</u>	<u>Location</u>
fire extinguishers	in obvious places throughout the plant
first aid kits	in each department
stretcher, fire blanket, and additional first aid supplies	in First Aid room and tool crib
Scott Packs	fire room
flashlights	fire room, in fire coat pockets
respirators	on degreaser and in tool crib
floor dry	in semi trailer by Tool Room
eye and skin washing	by degreaser and by scales in warehouse

HURON DIVISION OF U.S. INDUSTRIES
Lexington, Michigan 48450

HURON SAFETY PROGRAM

HW - 1
Page 3 of 3

Training

Training will be provided to all employees who handle, or manage hazardous waste. Training will consist of the proper precautionary procedures, handling procedures, emergency procedures, eye and skin protection, the effects on human health, the use of respirators, and proper notification methods to use when irregularities exist.

Robert L. Conely
Robert L. Conely
Safety & Training Manager

Robert M. Bales
Robert M. Bales
Administrative Services Manager

Distribution:

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Personnel Guidebook
Supervisors
Fire Brigade

12/21/82

HURON DIVISION OF U.S. INDUSTRIES
Lexington, Michigan 48450

HURON SAFETY PROGRAM

HW - 2
Page 1 of 1

HURON DIVISION OF U.S. INDUSTRIES
HAZARDOUS WASTE TRAINING RECORD

Name: _____ Date: _____


Department: _____ Job Title: _____

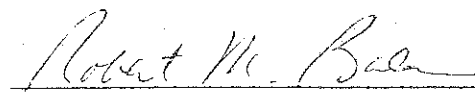
Job Description: _____

Training Given By: _____ Position: _____

Employee Signature: _____

HTM #0293


Robert L. Conely
Safety & Training Manager


Robert M. Bales
Administrative Services Manager

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12/21/82

HURON TOOL & MANUFACTURING CO.
Division of U.S. Industries, Inc.
Lexington, Michigan 48450

HURON TOOL SAFETY PROGRAM


EP - 1

EMERGENCY TELEPHONE NUMBERS

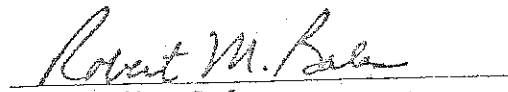
Fire Department 648-2000
Ambulance 648-2000
Sheriff Department 648-2000

Butch Olds 633-9422
William G. Oldford 359-8116
John S. Oldford 984-3726
Gerald W. DeLoy 385-9921
Raymond H. Cutler 657-9450
Steve Torzewski 679-9816
Robert L. Conely 346-2931

In the event, Huron Tool & Manufacturing phones are not working, use the pay phone located in the lunch room, or emergency phones in Personnel or Accounting.


Robert L. Conely
Safety & Training Manager

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Robert M. Bales
Administrative Service Manager

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HURON TOOL SAFETY PROGRAM

EP - 2

Page 1 of 3

EMERGENCY EVACUATION PROCEDURE

I. Know What Your Job Is

- A. How many people are in your group or department?
- B. Where are your people working (location)?
- C. Any Afternoon Shift employees who do not have a supervisor, S. Torzewski will be responsible for them. The time cards will be pulled by Steve within the first half hour after the start of the shift. Anyone reporting in late (after the cards have been pulled) must report directly to Steve. Steve shall choose an alternate to be responsible in his absence.
- D. Any Midnight Shift employees who do not have a supervisor, M. Beesely will be responsible for them. The time cards will be pulled by Maxine within the first half hour after the start of the shift. Anyone reporting in late (after the cards have been pulled) must report directly to Maxine. Maxine shall choose an alternate to be responsible in her absence.
- E. What do you do if someone is missing?
- F. What exits do you use?
- G. Where do you go?
- H. What if someone is injured?

II. Important Factors

- A. The first person to see the fire will sound the alarm and tell the Fire Brigade where the fire is located.
- B. Calmly exit and report to your designated area.
- C. No one goes back into the building unless they are a member of the Fire Brigade or until the all clear sign is given.
- D. Keep your people out of the danger area.
- E. If the Fire Brigade needs help they will select people. Do not send people in to help.

III. Communication Program

- A. Everyone must know what doors to use and where to go.
- B. New employees shall be instructed by the group leader the first day of employment.
- C. It is the group leader or the person responsible for the employees to communicate this program to them.
- D. Stress using the buddy system.
- E. The Fire Captain will call the Fire Department or a designated person.

HURON DIVISION OF U.S. INDUSTRIES
Lexington, Michigan 48450

HURON SAFETY PROGRAM

EP - 2
Page 2 of 3

EMERGENCY EVACUATION PROCEDURE

IV. People Responsible

	DAY SHIFT	AFTERNOON SHIFT	MIDNIGHT SHIFT
Automatics	R. Brooks	B. Garza	T. Montgomery
Alternate	D. Morgan	J. Harrington	B. Seaman
Machining	G. Bopra	N. Hebel	M. Beesley
Alternate	S. Hebel	D. Green	D. Shaw
Welding	V. Vidal	T. Hammond	M. Beesley
Alternate	D. Thomson	B. Gravish	S. Flaherty
Tool Room	R. Munro	T. DeVoogd	N/A
Alternate	J. Willing	H. Hopkins	N/A
Shipping	K. Smith	N. Hebel	N/A
Alternate	L. Baird	S. Bingle	N/A
Inspection	D. Walker	S. Torzewski	M. Beesley
Alternate	B. Siemen	J. Moeller	N/A
Office	G. Pattullo	N/A	N/A
Alternate	R. Cutler	N/A	N/A
Maintenance	T. Galbraith	S. Torzewski	N/A
Alternate	K. Parker	L. Beulla	N/A
Engineering	L. Brown	N/A	N/A
Alternate	G. Olds	N/A	N/A

V. Responsibility

- Make a quick visual check to see if the fire is in your area and to make sure everyone in your area is evacuated.
- Exit immediately.
- Make sure all doors are closed.
- Report directly to your department's designated area.
- Check to make sure everyone is out and no one is injured. Check with group leaders as they are to check in their groups.
- If someone is missing or hurt, immediately report it to the Captain or Lieutenant of the Fire Brigade.
- Keep your people together.

NOTE: You may want to assign duties to your alternate even when you are present.

HURON DIVISION OF U.S. INDUSTRIES
Lexington, Michigan 48450

HURON SAFETY PROGRAM

EP - 2
Page 3 of 3

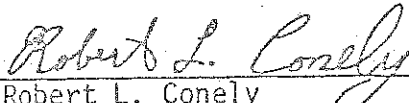
EMERGENCY EVACUATION PROCEDURE

VI. People Responsible - Coordination of Plan

	<u>DAY</u>	<u>AFTERNOON</u>	<u>MIDNIGHT</u>
Group A	Personnel Mgr.	S. Torzewski	M. Beesley
Group B	Safety Mgr.	G. Wismer	D. Morgan

Group A - Report to front lot, check with department heads and make sure everyone is out.

Group B - Report to back lot, check with department heads and make sure everyone is out.


Robert L. Conely
Safety & Training Manager


Robert M. Bales
Administrative Services Manager

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Rev. 1/19/83

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Division of U.S. Industries, Inc.
Lexington, Michigan 48450

HURON TOOL SAFETY PROGRAM

EP - 3
Page 1 of 2

EXIT ROUTES

PURPOSE: This plan has been developed to insure employee safety in the event of a major fire or catastrophe.

RESPONSIBILITY: The Safety Manager, or his designated replacement, will coordinate the evacuation in cooperation with the department heads and leaders. Department heads will be responsible for communicating evacuation procedures to all employees under his respective supervision. The Office Manager will communicate the program to all office personnel.

In the event of a major fire or catastrophe, the following will be followed:

1. A continuous blast on the alarm system will announce that all personnel should immediately evacuate the building.
2. All machines and equipment will be shut off whenever possible.
3. Leave the building in a calm and orderly fashion.
4. Exit by the route assigned to your respective department, when possible, and report to your designated meeting area; and assemble with other personnel from your respective area for a head count. If exit route is blocked, exit through nearest emergency exit. If necessary throw chair through window and exit.

AUTOMATICS

Exit through south door by machine #49 or south door by Time Clock.
Report to the back parking lot.

MACHINING and DRILL & ASSEMBLY

Exit through the south door by the Secondary Supervisor's office or through steel shed. Report to the front parking lot.

FURNACE, BENDING AREA, AND TOOL CRIB

Exit through south door by time clock or steel shed. Report to front parking lot.

QUALITY CONTROL

Exit through the south door by the Secondary Supervisor's office or through steel shed. Floor inspectors working in different departments will exit by the nearest available exit. Report to the front parking lot.

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Lexington, Michigan 48450

HURON TOOL SAFETY PROGRAM

EP - 3
Page 2 of 2

EXIT ROUTES

SHIPPING & RECEIVING

Exit through east door. Report to front parking lot.

TOOL ROOM

Exit through south door. Report to front parking lot.

MAINTENANCE


Exit through any available exit. Report to back parking lot.

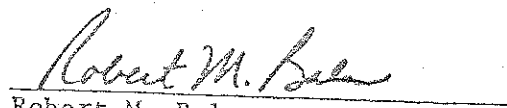
WELDING

Exit through the north door in the Welding Department and exit outside via steel shed. Report to the back parking lot.

OFFICE

Exit through the front door or by the south door by the Secondary Supervisor's office. Report to the front parking lot.


Robert L. Conely
Safety & Training Manager


Robert M. Bales
Administrative Service Manager

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Lexington, Michigan 48450

HURON SAFETY PROGRAM

EP - 4

FIRE BRIGADE

Lawrence Olds - Fire Chief

Eric Davis - Assistant Chief

DAYS - 7:00 AM

Howard Rexford **
Bill Hoenicke *
Ken Hoppenworth
Dan Deittrick
Tom McLane
Kurt Hulverson
Greg Graves
Brian Keith
Dale Barr
Gary Adams
Dave Muench

AFTERNOONS - 3:30 PM

Jerry Willing **
Paul Jezierski *
Ken Maynard
Dennis Green
Sid Bingle

MIDNIGHTS - 10:30 PM

John Donahue **
George Nowotny *
Ed Laeder
Jeri Westphal
William Seaman

** Captain
* Lieutenant

NOTE: If any fire brigade member is working in the plant, regardless what shift, and the alarm goes off, report to Fire Room.
Fire Captain, after finding location of fire, will notify Secondary foreman.
Secondary foreman, or alternate, will go to front drive and direct fire truck to either front lot or back lot.

HURON TOOL & MANUFACTURING CO.
Division of U.S. Industries, Inc.
Lexington, Michigan 48450

HURON TOOL SAFETY PROGRAM

EP - 8

EMERGENCY TRANSPORTATION

Ambulance Service

1. Phone Number - 648-2000
2. Use only when necessary.
3. Do not tie up ambulance needlessly; there are not that many in this area.

Huron Tool & Manufacturing Vehicles

1. Huron Tool & Manufacturing Co. has a pick-up.
2. Use this for minor injuries not requiring ambulance.

Personal Vehicle

1. Use for minor injuries when Huron Tool vehicle is not available.

General Rules

1. If injury warrants, call ambulance.
2. When either Huron Tool or personal vehicle is used, use good judgement on allowing the injured person to drive themselves or have someone drive them to the doctor's office or hospital.
3. Determination of type of transportation to use:
 - a. First Shift - Personnel Department
 - b. Second Shift - Steve Torzewski
 - c. Third Shift - Maxine Beesley
4. Becky Ludy in Sales and Ron Cutler in Production Control are in charge of scheduling Huron Tool vehicles.


Robert L. Conely
Safety & Training Manager

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Fire Brigade


Robert M. Bales
Administrative Service Manager

HURON DIVISION OF U.S. INDUSTRIES
HAZARDOUS WASTE TRAINING RECORD

Name: Raymond Cutler Date: 1-21-83

Department: _____ Job Title: Plant Manager

Job Description: In charge of all manufacturing procedures.

Training Given By: Bob Conely B.C. Position: Safety & Training Manager

Employee Signature: Raymond Cutler

HTM #0293

HURON DIVISION OF U.S. INDUSTRIES
HAZARDOUS WASTE TRAINING RECORD

Name: Larry Baird Date: 1-21-83

Department: Shipping Job Title: Shipping Clerk

Job Description: Responsible for loading & unloading trucks.

Prepare material for shipment.

Training Given By: Bob Conely B.C. Position: Safety & Training Manager

Employee Signature: Larry Baird

HTM #0293

HURON DIVISION OF U.S. INDUSTRIES
HAZARDOUS WASTE TRAINING RECORD

Name: Shirley Hebel Date: 1-19-83
Department: 3 Job Title: Group Leader Days
Job Description: In Charge of group within the secondary department, including
material handlers.

Training Given By: Bob Conely B.C. Position: Safety & Training Manager

Employee Signature: Shirley Hebel

HTM #0293

HURON DIVISION OF U.S. INDUSTRIES
HAZARDOUS WASTE TRAINING RECORD

Name: Thomas McLane Date: 1-19-83
Department: 3 Job Title: Material Handler
Job Description: HAndles material for machine operators. In addition he
may change the degreasing fluid in our degreaser.

Training Given By: Bob Conely B.C. Position: Safety & Training Manager

Employee Signature: Tom McLane

HTM #0293

HURON DIVISION OF U.S. INDUSTRIES
HAZARDOUS WASTE TRAINING RECORD

Name: Nancy Hebel Date: 1-19-83

Department: 3 Job Title: Afternoon Foreman

Job Description: In charge of all Secondary, Shipping, Welding personnel on
the afternoon shift.

Training Given By: Bob Conely B.C. Position: Safety & Training Manager

Employee Signature: Nancy Hebel

HTM #0293

HURON DIVISION OF U.S. INDUSTRIES
HAZARDOUS WASTE TRAINING RECORD

Name: Charles Worden Date: 1-19-83

Department: 3 Job Title: Material Handler

Job Description: Handles material for machine operators. In addition he may
change the degreasing fluid in our degreaser.

Training Given By: Bob Conely B.C. Position: Safety & Training Manager

Employee Signature: Charles K. Worden

HTM #0293

HURON DIVISION OF U.S. INDUSTRIES
HAZARDOUS WASTE TRAINING RECORD

Name: Maxine Beesley Date: 1-20-83

Department: 3 Job Title: Midnight Foreman

Job Description: In charge of all Secondary, Shipping, Welding personnel on
The Midnight shift.

Training Given By: Bob Conely B.C. Position: Safety & Training Manager

Employee Signature: Maxine J. Beesley

HTM #0293

HURON DIVISION OF U.S. INDUSTRIES
HAZARDOUS WASTE TRAINING RECORD

Name: George Nowotny Date: 1-20-83

Department: 3 Job Title: Material Handler

Job Description: Handles material for machine operators. In addition he
may change the degreasing fluid in our degreaser.

Training Given By: Bob Conely B.C. Position: Safety & Training Manager

Employee Signature: George Nowotny

HTM #0293

A permanent record in the office of the
Michigan
FIRE FIGHTERS TRAINING COUNCIL

certifies that

Lawrence Olds Jr.

has attended the 24 Hr. Hazardous Materials Emergencies



conducted at Croswell
on Jan. 4, 1982 to Mar. 1, 1982

Phillip K. Allen
Executive Secretary

A permanent record in the office of the
Michigan
FIRE FIGHTERS TRAINING COUNCIL

certifies that

Bob Conely

has attended the 24 Hr. Hazardous Materials Emergencies



conducted at Croswell

on Jan. 4, 1982 to Mar. 1, 1982

Phillip K. Albani
Executive Secretary



JACOB A. HOEFER
E. M. LAITALA
HILARY F. SNELL
PAUL H. WENDLER
HARRY H. WHITELY
JOAN L. WOLFE
CHARLES G. YOUNGLOVE

WILLIAM G. MILLIKEN, Governor

DEPARTMENT OF NATURAL RESOURCES

HOWARD A. TANNER, Director

THOMAS J. BLESSING, JR.
ALBERT M. BORKIN
ANN ESKRIDGE
PAMELA A. FRUCCI
C. ERNEST KEMP
JOHN W. LAYMAN
CLIFFORD MILES
STUART B. PADNOS
ROGER RASMUSSEN
JAMES STORMANT
MICHAEL L. WALKINGTON

RESOURCE RECOVERY DIVISION

P.O. BOX 30028
LANSING, MI 48209

ADMINISTRATION/RESOURCE
RECOVERY SECTION

517/373-0540

PLANNING SECTION/
HAZARDOUS WASTE SECTION

517/373-1818

GEOLOGY SECTION

517/373-0907

December 20, 1982

Mr. Bob Conely
Huron Division of U.S. Industry
6554 Lake Shore
Lexington, MI

Dear Mr. Conely:

SUBJECT: Resource Conservation and Recovery Act Inspection

On December 8, 1982 staff of the MDNR conducted an investigation of your facility located at the above address to evaluate compliance of that facility with the requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended.

As a result of that investigation, staff of the MDNR have determined that the above facility is in violation of the requirements of Subtitle C of RCRA. Specifically, staff found violations of the following:

- 262.34(a), 2, 3, Subpart C, Pre-transport requirements
- 265.16(a) 1, 2, 3(b), (c), (d), 1, 2, 3, 4, Personnel Training
- 265.52(b), (e), Content of contingency plan

Please respond within seven working days with your plan of action for correcting the above deficiencies.

Sincerely,

RESOURCE RECOVERY DIVISION

Earle M. Latimer

Earle Latimer, Water Quality Specialist
Hazardous Waste Section

RCRA Inspection Report

EPA Identification Number: M I D 0 0 5 4 9 9 4 7 0

Installation Name: Huron Division of U.S. Industry (Huron Tool)

Location Address: 6554 Lake Shore

City: Lexington State: MI

Date of inspection: 12-8-82 Time of inspection (from) 9:15 a.m. (to) 11:30 a.m.

Person(s) interviewed	Title	Telephone
<u>Bob Conely</u>	<u>Safety & Training Mgr.</u>	<u>313-359-5344</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

Inspector(s)	Agency/Title	Telephone
<u>Earle Latimer</u>	<u>DNR, Wat. Qual. Spec.</u>	<u>373-1818</u>
<u> </u>	<u> </u>	<u> </u>

Installation Activity (mark only one box)

Inspection Form(s)

- | | |
|--|------|
| <input type="checkbox"/> Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation | A |
| <input type="checkbox"/> Treatment/Storage/Disposal (no generation or Transportation) | A |
| <input type="checkbox"/> Generation and Transportation | B, C |
| <input checked="" type="checkbox"/> Generation only | B |
| <input type="checkbox"/> Transportation only | C |

This facility makes screw machine parts and conduct some assembly work. Dirty degreaser solvent is generated and shipped out to be reprocessed.

4/1/84
INSPECTION FORM B

Section A: Scope of inspection

Standards for generators of HAZARDOUS WASTE subject to 40 CFR 262.10

Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

Yes No NI* Remarks

(1) Does the generator have copies of the manifest available for review? 262.40

☒ ☐ ☐ _____

(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. 2

(3) Do the manifest forms examined contain the following information? (If possible, make 262.21 copies of, or record information from, manifests that do not contain the critical elements)

a. Manifest document number?

☒ ☐ ☐ _____

b. Name, mailing address, telephone number, and EPA ID number of generator?

☒ ☐ ☐ _____

c. Name and EPA ID number of transporter(s)?

☒ ☐ ☐ _____

d. Name, Address, and EPA ID Number of designated permitted facility and alternate facility?

☒ ☐ ☐ _____

e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?

☒ ☐ ☐ _____

f. The total quantity of waste(s) and the type and number of containers loaded?

☒ ☐ ☐ _____

g. Required certification?

☒ ☐ ☐ _____

h. Required signatures?

☒ ☐ ☐ _____

(4) Reportable exceptions 262.42

a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has NOT received a signed copy from the designated facility within 35 days of the date of shipment. 0

b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. 0

Section C - PRE-TRANSPORT REQUIREMENTS
(40 CFR Part 262 Subpart C)

	Yes	No	NI	Remarks
(1) Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30	<input checked="" type="checkbox"/>			
(2) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required prior to movement of hazardous waste off-site) 262.31 and 262.32	<input checked="" type="checkbox"/>			APPROXIMATE TO GENERATOR
(3) If required, are placards available to transporter? 262.33	<input checked="" type="checkbox"/>			EACH WASTE PACKAGE IS MARKED AND LABELED BEFORE SHIPMENT TO RECLAIMER

**** (4) Pre-shipment Accumulation:**

**** applies only to GENERATORS that store hazardous waste on-site for 90 days or less without a permit. These items do not apply to generators whose waste is immediately transported off-site.**

a. Is hazardous waste accumulated in containers? If no, skip to b. 262.34	<input checked="" type="checkbox"/>			
i. Is each container clearly marked with the date on which the period of accumulation began?	<input checked="" type="checkbox"/>			
ii. Have more than 90 days elapsed since the dates marked?	<input checked="" type="checkbox"/>			
iii. Is each container labeled or marked clearly with the words "Hazardous Wastes?"	<input checked="" type="checkbox"/>			
iv. Are containers in good condition?	<input checked="" type="checkbox"/>			
v. Are containers compatible with waste in them?	<input checked="" type="checkbox"/>			
vi. Are containers managed to prevent leaks?	<input checked="" type="checkbox"/>			
vii. Are containers stored closed?	<input checked="" type="checkbox"/>			
viii. Are containers inspected weekly for leaks and defects?	<input checked="" type="checkbox"/>			
ix. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive).				IGNITABLE OR REACTIVE

Yes No NI Remarks

x. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)

NO INCOMPATIBLE WASTES

xi. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?

IT IS

b. Is hazardous waste accumulated in tanks? If no, skip to c. 265.34 (January 11, 1982 revision)

i. Is each tank labeled or marked clearly with the words "Hazardous Wastes"? 265.34 (January 1982 revision)

ii. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank? 265.192

iii. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?

iv. Do continuous feed systems have a waste-feed cutoff?

v. Are waste analyses done before the tanks are used to store a substantially different waste than before? 265.193

vi. Are required daily and weekly inspections done? 265.194

vii. Are reactive and ignitable wastes in tanks protected or rendered non-reactive or nonignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or nonignitable, see treatment requirements.) 265.198

viii. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply.) 265.199

- ix. Has the owner or operator observed the National Fire Protection Association's buffer zone requirements for tanks containing ignitable or reactive wastes?

Tank capacity: _____ gallons

Tank diameter: _____ feet

Distance of tank from property line _____ feet

(see tables 2-1 through 2-6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

- c. Is hazardous waste accumulated in other than tanks or containers? _____ ☒

- d. Personnel training. 262.34 (a) 5

Do personnel training records include: 265.16

- i. Job Titles? _____ ☒
- ii. Job Descriptions? _____ ☒
- iii. Description of training? _____ ☒
- iv. Records of training? _____ ☒
- v. Did personnel receive the required training by 5-19-81? _____ ☒ (VERIFIED 11-15-1981)
- vi. Do new personnel receive required training within six months? _____ ☒
- vii. Do personnel training records indicate that personnel have taken part in an annual review of initial training? _____ ☒

- e. Preparedness and Prevention 265. Subpart C

- i. Maintenance and Operation of Facility:

Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent? 264.31 _____ ☒

ii. If required, does this facility have the following equipment: 264.32

Internal communications or alarm systems?

Telephone or 2-way Radios at the scene of operations?

Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?

Indicate the volume of water and/or foam available for fire control:

75000 GALS 580 THOUS GAL EACH.

iii. Testing and Maintenance of Emergency Equipment: 264.33

Has the owner or operator established testing and maintenance procedures for emergency equipment?

Is emergency equipment maintained in operable condition?

iv. Has owner/operator provided immediate access to internal alarms (if needed)?

v. Is there adequate aisle space for unobstructed movement?

vi. Has the owner or operator attempted to make arrangements with local authorities in case of an emergency at the facility?

f. Contingency Plan and Emergency Procedures 265 Subpart D

Does the contingency plan contain the following information:

i. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.) 265.52

HAS SPCC Plan
to Amend SPCC

	Yes	No	NI	Remarks
ii. Arrangements agreed to by local police departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services, pursuant to §265.37?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. Names, addresses, and phone numbers (Office and Home) of all persons qualified to act as emergency coordinator.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list, and a brief outline of its capabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes and alternate evacuation routes?)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vi. Are copies of the Contingency Plan available at site and local emergency organizations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vii. Is the facility emergency coordinator identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
viii. Is coordinator familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ix. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
x. If an emergency situation has occurred at this facility, has the emergency coordinator followed the emergency procedures listed in 265.56?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>None</i>

Section D: RECORDKEEPING AND REPORTING (Part 262, Subpart D)

Yes No NI Remarks

- (1) Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40

Section E: INTERNATIONAL SHIPMENTS (Part 262 Subpart E)
262.50

- (1) Has the installation imported or exported hazardous waste? If "no", skip a and b.

a. Exporting Hazardous Waste, has a generator:

i. Notified the Administrator in writing?

ii. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?

iii. Met the Manifest requirements?

b. Importing Hazardous Waste, has the generator met the manifest requirements?

GEPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

000303 AUG 26 80

MID005499470

INSTRUCTIONS: If you received a pre-printed label, affix it in the space at left. If any information on the label is incorrect, draw through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a pre-printed label, complete all items. "Installation" means a single site where hazardous waste is generated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. Information requested herein is required by (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

F MID005499470

A

800818

U.S. INDUSTRIES INC
HURON TOOL & MFG

I. NAME OF INSTALLATION

HURON TOOL & MFG. DIV. OF U.S. IND.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

36554 LAKESHORE

CITY OR TOWN

4 LEXINGTON

ST.

ZIP CODE

MI 48050

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 SAME

CITY OR TOWN

6

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

2 SOCHA DAVID ENGR. MANAGER

PHONE NO. (area code & no.)

313-359-5344

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 U.S. INDUSTRIES INC.

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F - FEDERAL
M - NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION☐ B. TRANSPORTATION (complete Item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify)

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete Item C)

C. INSTALLATION'S EPA I.D. NO.

MID005499470

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 25 1980

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 24	2 23 - 24	3 23 - 24	4 23 - 24	5 23 - 24	6 23 - 24
7 23 - 24	8 23 - 24	9 23 - 24	10 23 - 24	11 23 - 24	12 23 - 24

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 24	14 23 - 24	15 23 - 24	16 23 - 24	17 23 - 24	18 23 - 24
19 23 - 24	20 23 - 24	21 23 - 24	22 23 - 24	23 23 - 24	24 23 - 24
25 23 - 24	26 23 - 24	27 23 - 24	28 23 - 24	29 23 - 24	30 23 - 24

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 24	32 23 - 24	33 23 - 24	34 23 - 24	35 23 - 24	36 23 - 24
37 23 - 24	38 23 - 24	39 23 - 24	40 23 - 24	41 23 - 24	42 23 - 24
43 23 - 24	44 23 - 24	45 23 - 24	46 23 - 24	47 23 - 24	48 23 - 24

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 24	50 23 - 24	51 23 - 24	52 23 - 24	53 23 - 24	54 23 - 24
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

William G. Oldford
Pres. & General Manager

8/18/80

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION V

STO#3 MONO

DATE: 10/22/82

5WMB

RE: Installation Name U. S. Industries - Huon DivisionInstallation Address 6554 Lakeshore Rd. - Lexington, MDEPA ID# MD0005499470

FROM: Versar

TO: Bill Miner, Chief
Technical Permits & Compliance Section

Attached for your review is a copy of Subsequent 8700-12
66) - So listed as a TSO in the
Consent

for the above-referenced facility.

Cover letter date _____

Rec'd in Region 10/21/82Rec'd in Versar 10/22/82Action required Process this 8700-12 as necessary.Reviewer's summary: J. Boyle 10/26/82

PLEASE RETURN THIS FORM ALONG WITH ALL RELATED MATERIAL TO LISA BINDER



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.
MID005499470

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS
U S INDUSTRIES INC
6554-70 LAKESHORE RD
LEXINGTON, MI 48450

III. LOCATION OF INSTALLATION
6554-70 LAKESHORE RD
LEXINGTON, MI 48450

Process on 11-2-82 MB
RECEIVED

OCT 21 1982

WASTE MANAGEMENT BRANCH
EPA, REGION V

FOR OFFICIAL USE ONLY

COMMENTS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
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INSTALLATION'S EPA I.D. NUMBER
F M 1 D 0 0 5 4 9 9 4 7 0

APPROVED

DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION
H U R O N D I V I S I O N O F U . S . I N D U S T R I E S

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX
3 6 5 5 4 L A K E S H O R E R O A D

CITY OR TOWN
4 L E X I N G T O N

ST.
M I

ZIP CODE
4 8 4 5 0

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER
5 S A M E

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)
2 C O N E L Y R O B E R T S A F E T Y M A N A G E R

PHONE NO. (area code & no.)
3 1 3 3 5 9 5 3 4 4

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER
8 U S I N D U S T R I E S I N C .

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)
F = FEDERAL
M = NON-FEDERAL
M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))
☒ A. GENERATION
☐ B. TRANSPORTATION (complete item VII)
☐ C. TREAT/STORE/DISPOSE
☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))
☐ A. AIR
☐ B. RAIL
☒ C. HIGHWAY
☐ D. WATER
☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION
☒ B. SUBSEQUENT NOTIFICATION (complete item C)
10/2/82

C. INSTALLATION'S EPA I.D. NO.
M 1 D 0 0 5 4 9 9 4 7 0

IX. DESCRIPTION OF HAZARDOUS WASTES
Please go to the reverse of this form and provide the requested information.

1	2	3	4	5	6
F001					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

31	32	33	34	35	36
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
37	38	39	40	41	42
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
43	44	45	46	47	48
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24

[illegible]

☐ TOXIC
(PAPA)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

DATE SIGNED _____

3/20/81